

Exhibit G

S 2836 SALAZAR Same as A 2277-A Aubry
ON FILE: 01/25/21 Correction Law
TITLE....Restricts the use of segregated confinement and
creates alternative therapeutic and rehabilitative
confinement options
01/25/21 REFERRED TO CRIME VICTIMS,
CRIME AND CORRECTION

A2277-A Aubry Same as S 2836 SALAZAR
Correction Law
TITLE....Restricts the use of segregated confinement and
creates alternative therapeutic and rehabilitative
confinement options
01/14/21 referred to correction
02/05/21 amend and recommit to correction
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SALAZAR, ADDABBO, BAILEY, BENJAMIN, BIAGGI, BRESLIN, BRISPORT, BROOKS, BROUK,
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JACKSON, KAPLAN, KAVANAGH, KENNEDY, KRUEGER, LIU, MAY, MAYER, MYRIE, PARKER,
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STAVISKY, THOMAS

Amd §§137, 138, 2, 401, 401-a, 500-k & 45, Cor L

Restricts the use of segregated confinement and creates alternative therapeutic and rehabilitative confinement
options; limits the length of time a person may be in segregated confinement and excludes certain persons from
being placed in segregated confinement.

STATE OF NEW YORK

2836

2021-2022 Regular Sessions

IN SENATE

January 25, 2021

Introduced by Sen. SALAZAR -- read twice and ordered printed, and when printed to be committed to the Committee on Crime Victims, Crime and Correction

AN ACT to amend the correction law, in relation to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 23 of section 2 of the correction law, as added
2 by chapter 1 of the laws of 2008, is amended to read as follows:

3 23. "Segregated confinement" means the ~~[disciplinary]~~ confinement of
4 an inmate in ~~[a special housing unit or in a separate keeplock housing~~
5 ~~unit. Special housing units and separate keeplock units are housing~~
6 ~~units that consist of cells grouped so as to provide separation from the~~
7 ~~general population, and may be used to house inmates confined pursuant~~
8 ~~to the disciplinary procedures described in regulations]~~ any form of
9 cell confinement for more than seventeen hours a day other than in a
10 facility-wide emergency or for the purpose of providing medical or
11 mental health treatment. Cell confinement that is implemented due to
12 medical or mental health treatment shall be within a clinical area in
13 the correctional facility or in as close proximity to a medical or
14 mental health unit as possible.

15 § 2. Section 2 of the correction law is amended by adding two new
16 subdivisions 33 and 34 to read as follows:

17 33. "Special populations" means any person: (a) twenty-one years of
18 age or younger; (b) fifty-five years of age or older; (c) with a disa-
19 bility as defined in paragraph (a) of subdivision twenty-one of section
20 two hundred ninety-two of the executive law; or (d) who is pregnant, in
21 the first eight weeks of the post-partum recovery period after giving
22 birth, or caring for a child in a correctional institution pursuant to
23 subdivisions two or three of section six hundred eleven of this chapter.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 34. "Residential rehabilitation unit" means a separate housing unit
2 used for therapy, treatment, and rehabilitative programming of incarcer-
3 ated people who have been determined to require more than fifteen days
4 of segregated confinement pursuant to department proceedings. Such units
5 shall be therapeutic and trauma-informed, and aim to address individual
6 treatment and rehabilitation needs and underlying causes of problematic
7 behaviors.

8 § 3. Paragraph (a) of subdivision 6 of section 137 of the correction
9 law, as amended by chapter 490 of the laws of 1974, is amended to read
10 as follows:

11 (a) The inmate shall be supplied with a sufficient quantity of whole-
12 some and nutritious food[, provided, however, that such food need not be
13 the same as the food supplied to inmates who are participating in
14 programs of the facility];

15 § 4. Paragraph (d) of subdivision 6 of section 137 of the correction
16 law, as added by chapter 1 of the laws of 2008, is amended to read as
17 follows:

18 (d) (i) Except as set forth in clause (E) of subparagraph (ii) of this
19 paragraph, the department, in consultation with mental health clini-
20 cians, shall divert or remove inmates with serious mental illness, as
21 defined in paragraph (e) of this subdivision, from segregated confine-
22 ment or confinement in a residential rehabilitation unit, where such
23 confinement could potentially be for a period in excess of thirty days,
24 to a residential mental health treatment unit. Nothing in this para-
25 graph shall be deemed to prevent the disciplinary process from proceed-
26 ing in accordance with department rules and regulations for disciplinary
27 hearings.

28 (ii) (A) Upon placement of an inmate into segregated confinement or a
29 residential rehabilitation unit at a level one or level two facility, a
30 suicide prevention screening instrument shall be administered by staff
31 from the department or the office of mental health who has been trained
32 for that purpose. If such a screening instrument reveals that the inmate
33 is at risk of suicide, a mental health clinician shall be consulted and
34 appropriate safety precautions shall be taken. Additionally, within one
35 business day of the placement of such an inmate into segregated confine-
36 ment at a level one or level two facility, the inmate shall be assessed
37 by a mental health clinician.

38 (B) Upon placement of an inmate into segregated confinement or a resi-
39 dential rehabilitation unit at a level three or level four facility, a
40 suicide prevention screening instrument shall be administered by staff
41 from the department or the office of mental health who has been trained
42 for that purpose. If such a screening instrument reveals that the inmate
43 is at risk of suicide, a mental health clinician shall be consulted and
44 appropriate safety precautions shall be taken. All inmates placed in
45 segregated confinement or a residential rehabilitation unit at a level
46 three or level four facility shall be assessed by a mental health clini-
47 cian, within [fourteen] seven days of such placement into segregated
48 confinement.

49 (C) At the initial assessment, if the mental health clinician finds
50 that an inmate suffers from a serious mental illness, that person shall
51 be diverted or removed from segregated confinement or a residential
52 rehabilitation unit and a recommendation shall be made whether excep-
53 tional circumstances, as described in clause (E) of this subparagraph,
54 exist. In a facility with a joint case management committee, such recom-
55 mendation shall be made by such committee. In a facility without a joint
56 case management committee, the recommendation shall be made jointly by a

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1 committee consisting of the facility's highest ranking mental health
2 clinician, the deputy superintendent for security, and the deputy super-
3 intendent for program services, or their equivalents. Any such recommen-
4 dation shall be reviewed by the joint central office review committee.
5 The administrative process described in this clause shall be completed
6 within ~~[fourteen]~~ seven days of the initial assessment, and if the
7 result of such process is that the inmate should be removed from segre-
8 gated confinement or a residential rehabilitation unit, such removal
9 shall occur as soon as practicable, but in no event more than seventy-
10 two hours from the completion of the administrative process. Pursuant to
11 paragraph (h) of this subdivision, nothing in this section shall permit
12 the placement of an incarcerated person with serious mental illness into
13 segregated confinement at any time, even for the purposes of assessment.

14 (D) If an inmate with a serious mental illness is not diverted or
15 removed to a residential mental health treatment unit, such inmate shall
16 be diverted to a residential rehabilitation unit and reassessed by a
17 mental health clinician within fourteen days of the initial assessment
18 and at least once every fourteen days thereafter. After each such addi-
19 tional assessment, a recommendation as to whether such inmate should be
20 removed from ~~[segregated confinement]~~ a residential rehabilitation unit
21 shall be made and reviewed according to the process set forth in clause
22 (C) of this subparagraph.

23 (E) A recommendation or determination whether to remove an inmate from
24 segregated confinement or a residential rehabilitation unit shall take
25 into account the assessing mental health clinicians' opinions as to the
26 inmate's mental condition and treatment needs, and shall also take into
27 account any safety and security concerns that would be posed by the
28 inmate's removal, even if additional restrictions were placed on the
29 inmate's access to treatment, property, services or privileges in a
30 residential mental health treatment unit. A recommendation or determi-
31 nation shall direct the inmate's removal from segregated confinement or
32 a residential rehabilitation unit except in the following exceptional
33 circumstances: (1) when the reviewer finds that removal would pose a
34 substantial risk to the safety of the inmate or other persons, or a
35 substantial threat to the security of the facility, even if additional
36 restrictions were placed on the inmate's access to treatment, property,
37 services or privileges in a residential mental health treatment unit; or
38 (2) when the assessing mental health clinician determines that such
39 placement is in the inmate's best interests based on his or her mental
40 condition and that removing such inmate to a residential mental health
41 treatment unit would be detrimental to his or her mental condition. Any
42 determination not to remove an inmate with serious mental illness from
43 segregated confinement or a residential rehabilitation unit shall be
44 documented in writing and include the reasons for the determination.

45 (iii) Inmates with serious mental illness who are not diverted or
46 removed from ~~[segregated confinement]~~ a residential rehabilitation unit
47 shall be offered a heightened level of mental health care, involving a
48 minimum of ~~[two]~~ three hours ~~[each day, five days a week,]~~ daily of
49 out-of-cell therapeutic treatment and programming. This heightened level
50 of care shall not be offered only in the following circumstances:

51 (A) The heightened level of care shall not apply when an inmate with
52 serious mental illness does not, in the reasonable judgment of a mental
53 health clinician, require the heightened level of care. Such determi-
54 nation shall be documented with a written statement of the basis of such
55 determination and shall be reviewed by the Central New York Psychiatric
56 Center clinical director or his or her designee. Such a determination is

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1 subject to change should the inmate's clinical status change. Such
2 determination shall be reviewed and documented by a mental health clini-
3 cian every thirty days, and in consultation with the Central New York
4 Psychiatric Center clinical director or his or her designee not less
5 than every ninety days.

6 (B) The heightened level of care shall not apply in exceptional
7 circumstances when providing such care would create an unacceptable risk
8 to the safety and security of inmates or staff. Such determination shall
9 be documented by security personnel together with the basis of such
10 determination and shall be reviewed by the facility superintendent, in
11 consultation with a mental health clinician, not less than every seven
12 days for as long as the inmate remains in ~~[segregated confinement]~~ a
13 residential rehabilitation unit. The facility shall attempt to resolve
14 such exceptional circumstances so that the heightened level of care may
15 be provided. If such exceptional circumstances remain unresolved for
16 thirty days, the matter shall be referred to the joint central office
17 review committee for review.

18 ~~(iv) [Inmates with serious mental illness who are not diverted or~~
19 ~~removed from segregated confinement shall not be placed on a restricted~~
20 ~~diet, unless there has been a written determination that the restricted~~
21 ~~diet is necessary for reasons of safety and security. If a restricted~~
22 ~~diet is imposed, it shall be limited to seven days, except in the excep-~~
23 ~~tional circumstances where the joint case management committee deter-~~
24 ~~mines that limiting the restricted diet to seven days would pose an~~
25 ~~unacceptable risk to the safety and security of inmates or staff. In~~
26 ~~such case, the need for a restricted diet shall be reassessed by the~~
27 ~~joint case management committee every seven days.~~

28 ~~(v)]~~ All inmates in segregated confinement in a level one or level two
29 facility who are not assessed with a serious mental illness at the
30 initial assessment shall be offered at least one interview with a mental
31 health clinician within ~~[fourteen]~~ seven days of their initial mental
32 health assessment, ~~[and additional interviews at least every thirty days~~
33 ~~thereafter,]~~ unless the mental health clinician at the most recent
34 interview recommends an earlier interview or assessment. All inmates in
35 ~~[segregated confinement]~~ a residential rehabilitation unit in a level
36 three or level four facility who are not assessed with a serious mental
37 illness at the initial assessment shall be offered at least one inter-
38 view with a mental health clinician within thirty days of their initial
39 mental health assessment, and additional interviews at least every nine-
40 ty days thereafter, unless the mental health clinician at the most
41 recent interview recommends an earlier interview or assessment.

42 § 5. Subdivision 6 of section 137 of the correction law is amended by
43 adding eight new paragraphs (h), (i), (j), (k), (l), (m), (n) and (o) to
44 read as follows:

45 (h) Persons in a special population as defined in subdivision thirty-
46 three of section two of this chapter shall not be placed in segregated
47 confinement for any length of time, except in keeplock for a period
48 prior to a disciplinary hearing pursuant to paragraph (l) of this subdi-
49 vision. Individuals in a special population who are in keeplock prior
50 to a disciplinary hearing shall be given seven hours a day out-of-cell
51 time or shall be transferred to a residential rehabilitation unit or
52 residential mental health treatment unit as expeditiously as possible,
53 but in no case longer than forty-eight hours from the time an individual
54 is admitted to keeplock.

55 (i) No person may be placed in segregated confinement for longer than
56 necessary and no more than fifteen consecutive days or twenty total days

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1 within any sixty day period. At these limits, he or she must be
2 released from segregated confinement or diverted to a separate residen-
3 tial rehabilitation unit. If placement of such person in segregated
4 confinement would exceed the twenty-day limit and the department estab-
5 lishes that the person committed an act defined in subparagraph (ii) of
6 paragraph (k) of this subdivision, the department may place the person
7 in segregated confinement until admission to a residential rehabili-
8 tation unit can be effectuated. Such admission to a residential rehabil-
9 itation unit shall occur as expeditiously as possible and in no case
10 take longer than forty-eight hours from the time such person is placed
11 in segregated confinement.

12 (j) (i) All segregated confinement and residential rehabilitation
13 units shall create the least restrictive environment necessary for the
14 safety of incarcerated persons, staff, and the security of the facility.

15 (ii) Persons in segregated confinement shall be offered out-of-cell
16 programming at least four hours per day, including at least one hour for
17 recreation. Persons admitted to residential rehabilitation units shall
18 be offered at least six hours of daily out-of-cell congregate program-
19 ming, services, treatment, and/or meals, with an additional minimum of
20 one hour for recreation. Recreation in all residential rehabilitation
21 units shall take place in a congregate setting, unless exceptional
22 circumstances mean doing so would create a significant and unreasonable
23 risk to the safety and security of other incarcerated persons, staff, or
24 the facility.

25 (iii) No limitation on services, treatment, or basic needs such as
26 clothing, food and bedding shall be imposed as a form of punishment. If
27 provision of any such services, treatment or basic needs to an individ-
28 ual would create a significant and unreasonable risk to the safety and
29 security of incarcerated persons, staff, or the facility, such services,
30 treatment or basic needs may be withheld until it reasonably appears
31 that the risk has ended. The department shall not impose restricted
32 diets or any other change in diet as a form of punishment. Persons in a
33 residential rehabilitation unit shall have access to all of their
34 personal property unless an individual determination is made that having
35 a specific item would pose a significant and unreasonable risk to the
36 safety of incarcerated persons or staff or the security of the unit.

37 (iv) Upon admission to a residential rehabilitation unit, program and
38 mental health staff shall administer assessments and develop an individ-
39 ual rehabilitation plan in consultation with the resident, based upon
40 his or her medical, mental health, and programming needs. Such plan
41 shall identify specific goals and programs, treatment, and services to
42 be offered, with projected time frames for completion and discharge from
43 the residential rehabilitation unit.

44 (v) An incarcerated person in a residential rehabilitation unit shall
45 have access to programs and work assignments comparable to core programs
46 and work assignments in general population. Such incarcerated persons
47 shall also have access to additional out-of-cell, trauma-informed thera-
48 peutic programming aimed at promoting personal development, addressing
49 underlying causes of problematic behavior resulting in placement in a
50 residential rehabilitation unit, and helping prepare for discharge from
51 the unit and to the community.

52 (vi) If the department establishes that a person committed an act
53 defined in subparagraph (ii) of paragraph (k) of this subdivision while
54 in segregated confinement or a residential rehabilitation unit and poses
55 a significant and unreasonable risk to the safety and security of other
56 incarcerated persons or staff, the department may restrict such person's

1 participation in programming and out-of-cell activities as necessary for
2 the safety of other incarcerated persons and staff. If such restrictions
3 are imposed, the department must provide at least four hours out-of-cell
4 time daily, including at least two hours of therapeutic programming and
5 two hours of recreation, and must make reasonable efforts to reinstate
6 access to programming as soon as possible. In no case may such
7 restrictions extend beyond fifteen days unless the person commits a new
8 act defined herein justifying restrictions on program access, or if the
9 commissioner and, when appropriate, the commissioner of mental health
10 personally reasonably determine that the person poses an extraordinary
11 and unacceptable risk of imminent harm to the safety or security of
12 incarcerated persons or staff. Any extension of program restrictions
13 beyond fifteen days must be meaningfully reviewed and approved at least
14 every fifteen days by the commissioner and, when appropriate, by the
15 commissioner of mental health. Each review must consider the impact of
16 therapeutic programming provided during the fifteen-day period on the
17 person's risk of imminent harm and the commissioner must articulate in
18 writing, with a copy provided to the incarcerated person, the specific
19 reason why the person currently poses an extraordinary and unacceptable
20 risk of imminent harm to the safety or security of incarcerated persons
21 or staff. In no case may restrictions imposed by the commissioner extend
22 beyond ninety days unless the person commits a new act defined herein
23 justifying restrictions on program access.

24 (vii) Restraints shall not be used when incarcerated persons are
25 participating in out-of-cell activities within a residential rehabili-
26 tation unit unless an individual assessment is made that restraints are
27 required because of a significant and unreasonable risk to the safety
28 and security of other incarcerated persons or staff.

29 (k) (i) The department may place a person in segregated confinement
30 for up to three consecutive days and no longer than six days in any
31 thirty day period if, pursuant to an evidentiary hearing, it determines
32 that the person violated department rules which permit a penalty of
33 segregated confinement. The department may not place a person in segre-
34 gated confinement for longer than three consecutive days or six days
35 total in a thirty day period unless the provisions of subparagraph (ii)
36 of this paragraph are met.

37 (ii) The department may place a person in segregated confinement
38 beyond the limits of subparagraph (i) of this paragraph or in a residen-
39 tial rehabilitation unit only if, pursuant to an evidentiary hearing, it
40 determines by written decision that the person committed one of the
41 following acts and if the commissioner or his or her designee determines
42 in writing based on specific objective criteria the acts were so heinous
43 or destructive that placement of the individual in general population
44 housing creates a significant risk of imminent serious physical injury
45 to staff or other incarcerated persons, and creates an unreasonable risk
46 to the security of the facility:

47 (A) causing or attempting to cause serious physical injury or death to
48 another person or making an imminent threat of such serious physical
49 injury or death if the person has a history of causing such physical
50 injury or death and the commissioner and, when appropriate, the commis-
51 sioner of mental health or their designees reasonably determine that
52 there is a strong likelihood that the person will carry out such threat.
53 The commissioner of mental health or his or her designee shall be
54 involved in such determination if the person is or has been on the
55 mental health caseload or appears to require psychiatric attention. The

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department and the office of mental health shall promulgate rules and regulations pertaining to this clause;

(B) compelling or attempting to compel another person, by force or threat of force, to engage in a sexual act;

(C) extorting another, by force or threat of force, for property or money;

(D) coercing another, by force or threat of force, to violate any rule;

(E) leading, organizing, inciting, or attempting to cause a riot, insurrection, or other similarly serious disturbance that results in the taking of a hostage, major property damage, or physical harm to another person;

(F) procuring deadly weapons or other dangerous contraband that poses a serious threat to the security of the institution; or

(G) escaping, attempting to escape or facilitating an escape from a facility or escaping or attempting to escape while under supervision outside such facility.

For purposes of this section, attempting to cause a serious disturbance or to escape shall only be determined to have occurred if there is a clear finding that the inmate had the intent to cause a serious disturbance or the intent to escape and had completed significant acts in the advancement of the attempt to create a serious disturbance or escape. Evidence of withdrawal or abandonment of a plan to cause a serious disturbance or to escape shall negate a finding of intent.

(iii) No person may be placed in segregated confinement or a residential rehabilitation unit based on the same act or incident that was previously used as the basis for such placement.

(iv) No person may be held in segregated confinement for protective custody. Any unit used for protective custody must, at a minimum, conform to requirements governing residential rehabilitation units.

(l) All hearings to determine if a person may be placed in segregated confinement shall occur prior to placement in segregated confinement unless a security supervisor, with written approval of a facility superintendent or designee, reasonably believes the person fits the specified criteria for segregated confinement in subparagraph (ii) of paragraph (k) of this subdivision. If a hearing does not take place prior to placement, it shall occur as soon as reasonably practicable and at most within five days of such placement unless the charged person seeks a postponement of the hearing. Persons at such hearings shall be permitted to be represented by any attorney or law student, or by any paralegal or incarcerated person unless the department reasonably disapproves of such paralegal or incarcerated person based upon objective written criteria developed by the department.

(m) (i) Any sanction imposed on an incarcerated person requiring segregated confinement shall run while the person is in a residential rehabilitation unit and the person shall be discharged from the unit before or at the time such sanction expires. If a person successfully completes his or her rehabilitation plan before the sanction expires, the person shall have a right to be discharged from the unit upon such completion.

(ii) If an incarcerated person has not been discharged from a residential rehabilitation unit within one year of initial admission to such a unit or is within sixty days of a fixed or tentatively approved date for release from a correctional facility, he or she shall have a right to be discharged from the unit unless he or she committed an act listed in subparagraph (ii) of paragraph (k) of this subdivision within the prior

1 one hundred eighty days and he or she poses a significant and unreason-
2 able risk to the safety or security of incarcerated persons or staff. In
3 any such case the decision not to discharge such person shall be imme-
4 diately and automatically subjected to an independent review by the
5 commissioner and the commissioner of mental health or their designees. A
6 person may remain in a residential rehabilitation unit beyond the time
7 limits provided in this section if both commissioners or both of their
8 designees approve this decision. In extraordinary circumstances, a
9 person who has not committed an act listed in subparagraph (ii) of para-
10 graph (k) of this subdivision within the prior one hundred eighty days,
11 may remain in a residential rehabilitation unit beyond the time limits
12 provided in this section if both the commissioner and the commissioner
13 of mental health personally determine that such individual poses an
14 extraordinary and unacceptable risk of imminent harm to the safety or
15 security of incarcerated persons or staff.

16 (iii) There shall be a meaningful periodic review of the status of
17 each incarcerated person in a residential rehabilitation unit at least
18 every sixty days to assess the person's progress and determine if the
19 person should be discharged from the unit. Following such periodic
20 review, if the person is not discharged from the unit, program and
21 mental health staff shall specify in writing the reasons for the deter-
22 mination and the program, treatment, service, and/or corrective action
23 required before discharge. The incarcerated person shall be given access
24 to the programs, treatment and services specified, and shall have a
25 right to be discharged from the residential rehabilitation unit upon the
26 successful fulfillment of such requirements.

27 (iv) When an incarcerated person is discharged from a residential
28 rehabilitation unit, any remaining time to serve on any underlying
29 disciplinary sanction shall be dismissed. If an incarcerated person
30 substantially completes his or her rehabilitation plan, he or she shall
31 have any associated loss of good time restored upon discharge from the
32 unit.

33 (n) All special housing unit, keeplock unit and residential rehabili-
34 tation unit staff and their supervisors shall undergo a minimum of thir-
35 ty-seven hours and thirty minutes of training prior to assignment to
36 such unit, and twenty-one hours of additional training annually there-
37 after, on substantive content developed in consultation with relevant
38 experts, on topics including, but not limited to, the purpose and goals
39 of the non-punitive therapeutic environment, trauma-informed care,
40 restorative justice, and dispute resolution methods. Prior to presiding
41 over any hearings, all hearing officers shall undergo a minimum of thir-
42 ty-seven hours and thirty minutes of training, with one additional day
43 of training annually thereafter, on relevant topics, including but not
44 limited to, the physical and psychological effects of segregated
45 confinement, procedural and due process rights of the accused, and
46 restorative justice remedies.

47 (o) The department shall publish monthly reports on its website, with
48 semi-annual and annual cumulative reports, of the total number of people
49 who are in segregated confinement and the total number of people who are
50 in residential rehabilitation units on the first day of each month. The
51 reports shall provide a breakdown of the number of people in segregated
52 confinement and in residential rehabilitation units by: (i) age; (ii)
53 race; (iii) gender; (iv) mental health treatment level; (v) special
54 health accommodations or needs; (vi) need for and participation in
55 substance abuse programs; (vii) pregnancy status; (viii) continuous
56 length of stay in residential treatment units as well as length of stay

1 in the past sixty days; (ix) number of days in segregated confinement;
2 (x) a list of all incidents resulting in sanctions of segregated
3 confinement by facility and date of occurrence; (xi) the number of
4 incarcerated persons in segregated confinement by facility; and (xii)
5 the number of incarcerated persons in residential rehabilitation units
6 by facility.

7 § 6. Section 138 of the correction law is amended by adding a new
8 subdivision 7 to read as follows:

9 7. De-escalation, intervention, informational reports, and the with-
10 drawal of incentives shall be the preferred methods of responding to
11 misbehavior unless the department determines that non-disciplinary
12 interventions have failed, or that non-disciplinary interventions would
13 not succeed and the misbehavior involved an act listed in subparagraph
14 (ii) of paragraph (k) of subdivision six of section one hundred thirty-
15 seven of this article, in which case, as a last resort, the department
16 shall have the authority to issue misbehavior reports, pursue discipli-
17 nary charges, or impose new or additional segregated confinement sanc-
18 tions.

19 § 7. Subdivision 1 of section 401 of the correction law, as amended by
20 chapter 1 of the laws of 2008, is amended to read as follows:

21 1. The commissioner, in cooperation with the commissioner of mental
22 health, shall establish programs, including but not limited to residen-
23 tial mental health treatment units, in such correctional facilities as
24 he or she may deem appropriate for the treatment of mentally ill inmates
25 confined in state correctional facilities who are in need of psychiatric
26 services but who do not require hospitalization for the treatment of
27 mental illness. Inmates with serious mental illness shall receive thera-
28 py and programming in settings that are appropriate to their clinical
29 needs while maintaining the safety and security of the facility.

30 The conditions and services provided in the residential mental health
31 treatment units shall be at least comparable to those in all residential
32 rehabilitation units, and all residential mental health treatment units
33 shall be in compliance with all provisions of paragraphs (i), (j), (k),
34 and (l) of subdivision six of section one hundred thirty-seven of this
35 chapter. Residential mental health treatment units that are either resi-
36 dential mental health unit models or behavioral health unit models shall
37 also be in compliance with all provisions of paragraph (m) of subdivi-
38 sion six of section one hundred thirty-seven of this chapter.

39 The residential mental health treatment units shall also provide the
40 additional mental health treatment, services, and programming delineated
41 in this section. The administration and operation of programs estab-
42 lished pursuant to this section shall be the joint responsibility of the
43 commissioner of mental health and the commissioner. The professional
44 mental health care personnel, and their administrative and support
45 staff, for such programs shall be employees of the office of mental
46 health. All other personnel shall be employees of the department.

47 § 8. Subparagraph (i) of paragraph (a) of subdivision 2 of section 401
48 of the correction law, as added by chapter 1 of the laws of 2008, is
49 amended to read as follows:

50 (i) In exceptional circumstances, a mental health clinician, or the
51 highest ranking facility security supervisor in consultation with a
52 mental health clinician who has interviewed the inmate, may determine
53 that an inmate's access to out-of-cell therapeutic programming and/or
54 mental health treatment in a residential mental health treatment unit
55 presents an unacceptable risk to the safety of inmates or staff. Such
56 determination shall be documented in writing and such inmate shall be

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1 removed to a residential rehabilitation unit that is not a residential
2 mental health treatment unit where alternative mental health treatment
3 and/or other therapeutic programming, as determined by a mental health
4 clinician, shall be provided.

5 § 9. Subdivision 5 of section 401 of the correction law, as added by
6 chapter 1 of the laws of 2008, is amended to read as follows:

7 5. (a) An inmate in a residential mental health treatment unit shall
8 not be sanctioned with segregated confinement for misconduct on the
9 unit, or removed from the unit and placed in segregated confinement or a
10 residential rehabilitation unit, except in exceptional circumstances
11 where such inmate's conduct poses a significant and unreasonable risk to
12 the safety of inmates or staff, or to the security of the facility and
13 he or she has been found to have committed an act or acts defined in
14 subparagraph (ii) of paragraph (k) of subdivision six of section one
15 hundred thirty-seven of this chapter. Further, in the event that such a
16 sanction is imposed, an inmate shall not be required to begin serving
17 such sanction until the reviews required by paragraph (b) of this subdivi-
18 sion have been completed; provided, however that in extraordinary
19 circumstances where an inmate's conduct poses an immediate unacceptable
20 threat to the safety of inmates or staff, or to the security of the
21 facility an inmate may be immediately moved to ~~[segregated confinement]~~
22 a residential rehabilitation unit. The determination that an immediate
23 transfer to ~~[segregated confinement]~~ a residential rehabilitation unit
24 is necessary shall be made by the highest ranking facility security
25 supervisor in consultation with a mental health clinician.

26 (b) The joint case management committee shall review any disciplinary
27 disposition imposing a sanction of segregated confinement at its next
28 scheduled meeting. Such review shall take into account the inmate's
29 mental condition and safety and security concerns. The joint case
30 management committee may only thereafter recommend the removal of the
31 inmate in exceptional circumstances where the inmate commits an act or
32 acts defined in subparagraph (ii) of paragraph (k) of subdivision six of
33 section one hundred thirty-seven of this chapter and poses a significant
34 and unreasonable risk to the safety of inmates or staff or to the secu-
35 arity of the facility. In the event that the inmate was immediately moved
36 to segregated confinement, the joint case management committee may
37 recommend that the inmate continue to serve such sanction only in excep-
38 tional circumstances where the inmate commits an act or acts defined in
39 subparagraph (ii) of paragraph (k) of subdivision six of section one
40 hundred thirty-seven of this chapter and poses a significant and unrea-
41 sonable risk to the safety of inmates or staff or to the security of the
42 facility. If a determination is made that the inmate shall not be
43 required to serve all or any part of the segregated confinement sanc-
44 tion, the joint case management committee may instead recommend that a
45 less restrictive sanction should be imposed. The recommendations made by
46 the joint case management committee under this paragraph shall be docu-
47 mented in writing and referred to the superintendent for review and if
48 the superintendent disagrees, the matter shall be referred to the joint
49 central office review committee for a final determination. The adminis-
50 trative process described in this paragraph shall be completed within
51 fourteen days. If the result of such process is that an inmate who was
52 immediately transferred to ~~[segregated confinement]~~ a residential reha-
53 bilitation unit should be removed from ~~[segregated confinement]~~ such
54 unit, such removal shall occur as soon as practicable, and in no event
55 longer than seventy-two hours from the completion of the administrative
56 process.

§ 10. Subdivision 6 of section 401 of the correction law, as amended by chapter 20 of the laws of 2016, is amended to read as follows:

6. The department shall ensure that the curriculum for new correction officers, and other new department staff who will regularly work in programs providing mental health treatment for inmates, shall include at least eight hours of training about the types and symptoms of mental illnesses, the goals of mental health treatment, the prevention of suicide and training in how to effectively and safely manage inmates with mental illness. Such training may be provided by the office of mental health or the justice center for the protection of people with special needs. All department staff who are transferring into a residential mental health treatment unit shall receive a minimum of eight additional hours of such training, and eight hours of annual training as long as they work in such a unit. All security, program services, mental health and medical staff with direct inmate contact shall receive training each year regarding identification of, and care for, inmates with mental illnesses. The department shall provide additional training on these topics on an ongoing basis as it deems appropriate. All staff working in a residential mental health treatment unit shall also receive all training mandated in paragraph (n) of subdivision six of section one hundred thirty-seven of this chapter.

§ 11. Section 401-a of the correction law is amended by adding a new subdivision 4 to read as follows:

4. The justice center shall assess the department's compliance with the provisions of sections two, one hundred thirty-seven, and one hundred thirty-eight of this chapter relating to segregated confinement and residential rehabilitation units and shall issue a public report, no less than annually, with recommendations to the department and legislature, regarding all aspects of segregated confinement and residential rehabilitation units in state correctional facilities including but not limited to policies and practices concerning: (a) placement of persons in segregated confinement and residential rehabilitation units; (b) special populations; (c) length of time spent in such units; (d) hearings and procedures; (e) programs, treatment and conditions of confinement in such units; and (f) assessments and rehabilitation plans, procedures and discharge determinations.

§ 12. Section 45 of the correction law is amended by adding a new subdivision 18 to read as follows:

18. Assess compliance of local correctional facilities with the terms of paragraphs (h), (i), (j), (k), (l), (m), (n) and (o) of subdivision six of section one hundred thirty-seven of this chapter. The commission shall issue a public report regarding all aspects of segregated confinement and residential rehabilitation units at least annually with recommendations to local correctional facilities, the governor, the legislature, including but not limited to policies and practices regarding: (a) placement of persons; (b) special populations; (c) length of time spent in segregated confinement and residential treatment units; (d) hearings and procedures; (e) conditions, programs, services, care, and treatment; and (f) assessments, rehabilitation plans, and discharge procedures.

§ 13. Section 500-k of the correction law, as amended by chapter 2 of the laws of 2008, is amended to read as follows:

§ 500-k. Treatment of inmates. 1. Subdivisions five and six of section one hundred thirty-seven of this chapter, except paragraphs (d) and (e) of subdivision six of such section, relating to the treatment of inmates in state correctional facilities are applicable to inmates confined in county jails; except that the report required by paragraph (f) of subdi-

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1 vision six of such section shall be made to a person designated to
2 receive such report in the rules and regulations of the state commission
3 of correction, or in any county or city where there is a department of
4 correction, to the head of such department.

5 2. Notwithstanding any other section of law to the contrary, subdivi-
6 sion thirty-four of section two of this chapter, and subparagraphs (i),
7 (iv) and (v) of paragraph (j) and subparagraph (ii) of paragraph (m) of
8 subdivision six of section one hundred thirty-seven of this chapter
9 shall not apply to local correctional facilities with a total combined
10 capacity of five hundred inmates or fewer.

11 § 14. This act shall take effect one year after it shall have become a
12 law.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S2836

SPONSOR: SALAZAR

TITLE OF BILL:

An act to amend the correction law, in relation to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options

PURPOSE:

This bill will be known as the "Humane Alternatives to Long-Term Solitary Confinement" Act (the HALT Solitary Confinement Act.) This bill would limit the time an inmate can spend in segregated confinement, end the segregated confinement of vulnerable people, restrict the criteria that can result in such confinement, improve conditions of confinement, and create more humane and effective alternatives to such confinement.

SUMMARY OF PROVISIONS:

Section 1 clarifies that the bill's provisions apply to all types and locations of segregated confinement.

Section 2 defines "special populations" and "residential rehabilitation units".

Section 3 prohibits the use of special diets as punishment.

Section 4 provides for mental health screening and a heightened level of care for prisoners placed into segregated confinement or residential rehabilitation units.

Section 5 prohibits placement of individuals who are in one of the special populations in SHU and limits their keep-lock placement to 48 hours; prohibits placement of any inmate in segregated confinement for more than 15 consecutive days or 20 out of 60 days unless specific acts are committed while in such confinement; specifies certain conditions of confinement and programs within residential rehabilitation units; creates a safety exception for people committing serious disciplinary infractions in SHU and residential rehabilitation units; prohibits the use of restraints in the residential rehabilitation units unless necessary for safety and security; prohibits placement of individuals in protective custody in segregated confinement; provides for periodic review of a person's placement in residential rehabilitation units; reinstates lost good time for successful completion of the residential rehabilitation unit program goals; provides for training of staff; and provides for public reporting.

Section 6 creates a preference for non-disciplinary interventions by the department.

Section 7 provides that services in residential mental health treatment

units shall be at least comparable to services in residential rehabilitation units.

Section 8 provides that inmates in residential mental health treatment units may be moved to residential rehabilitation units under certain circumstances.

Section 9 limits the removal of inmates with mental illness from residential mental health units to residential rehabilitation units unless they commit specified acts of misconduct.

Section 10 provides for staff training.

Section 11 provides for Justice Center oversight of segregated confinement and residential rehabilitation units.

Section 12 provides for Commission of Correction oversight of segregated confinement in jails.

Section 13 provides for sections of the law to apply to jails. Section 14 is the effective date.

JUSTIFICATION:

This bill aims to make New York's prison and jail practices more humane. The bill limits the length of time anyone can spend in segregated confinement, restricts the criteria that can result in such confinement, provides additional procedural protections prior to such confinement, and exempts certain vulnerable groups. The bill also provides an alternative mechanism for working with people who engage in serious violence or other problematic behavior.

Studies have consistently found that subjecting people to segregated confinement for twenty-two to twenty-four hours a day without meaningful human contact, programming, or therapy can cause deep and permanent psychological, physical, developmental, and social harm. People often have more difficulty complying with prison rules after being placed in segregated confinement. Segregated confinement can be particularly devastating for certain vulnerable people, such as young or elderly people, pregnant women, and people with disabilities or trauma histories. Other states have dramatically reduced the number of people in segregated confinement, and seen positive benefits in terms of safety and decreased violence.

Despite the tremendous harm caused by massive isolation of thousands of incarcerated persons, New York prisons and jails currently impose segregated confinement routinely for too long a period of time. On any given day, there are nearly 3,000 people, disproportionately people of color, in state prisons in Special Housing Units (SHU) and thousands more in other forms of isolation. There are also hundreds of people in segregated confinement in jails in New York City alone. Despite claims that segregated confinement is used in response to the most violent behavior, five out of six disciplinary infractions that result in SHU time in New York prisons are for non-violent conduct. Moreover, people routinely suffer in segregated confinement for months, years, and even decades in New York.

A growing chorus of individuals, organizations, and policy-makers has called for a dramatic transformation and curtailment of the use of segregated confinement. The United Nations Special Rapporteur on Torture concluded that solitary confinement can amount to torture and recommended abolishing its use beyond 15 days and prohibiting any use of solitary for vulnerable groups or for purposes of punishment. The New York Civil Liberties Union and others have issued reports documenting

the arbitrary and unjustified use of segregated confinement in New York and the negative impact its use has on incarcerated persons, staff, and safety in our prisons and communities. The New York State Bar Association has called upon the state and city corrections departments to profoundly restrict the use of segregated confinement, end segregated confinement beyond 15 days, adopt stringent criteria for any separation and ensure any separation is for the briefest period and in the least restrictive conditions practicable. This bill takes up the growing call to limit segregated confinement and provide more humane and effective alternatives.

LEGISLATIVE HISTORY:

2016: S.2659 was Referred to Crime Victims, Crime and Correction
2017: S.4784 was Referred to Crime Victims, Crime and Correction
2018: S.4748 was amended and Recommitted to Crime Victims, Crime and Correction.
2018: Assembly passed the bill (A3080-B).
2019: S.1623 was Advanced to Third Reading
2020: S.1623 was Referred to Crime Victims, Crime and Correction

FISCAL IMPLICATIONS:

To be determined.

LOCAL FISCAL IMPLICATIONS:

To be determined.

EFFECTIVE DATE:

This act will take effect one year after it becomes law.

shall be due no later than the first day of April two thousand twenty-two.

§ 2. This act shall take effect immediately and shall expire and be deemed repealed one year after such date.

PART MMM

Section 1. Section 13 of chapter 141 of the laws of 1994, amending the legislative law and the state finance law relating to the operation and administration of the legislature, as amended by section 1 of part LLL of chapter 56 of the laws of 2020, is amended to read as follows:

§ 13. This act shall take effect immediately and shall be deemed to have been in full force and effect as of April 1, 1994, provided that, the provisions of section 5-a of the legislative law as amended by sections two and two-a of this act shall take effect on January 1, 1995, and provided further that, the provisions of article 5-A of the legislative law as added by section eight of this act shall expire June 30, ~~2021~~ 2022 when upon such date the provisions of such article shall be deemed repealed; and provided further that section twelve of this act shall be deemed to have been in full force and effect on and after April 10, 1994.

§ 2. This act shall not supersede the findings and determinations made by the compensation committee as authorized pursuant to part HHH of chapter 59 of the laws of 2018 unless a court of competent jurisdiction determines that such findings and determinations are invalid or otherwise not applicable or in force.

§ 3. This act shall take effect immediately, provided, however, if this act shall take effect on or after June 30, 2021, this act shall be deemed to have been in full force and effect on and after June 30, 2021.

PART NNN

Section 1. Clauses (A) and (E) of subparagraph (ii) of paragraph (d) of subdivision 6 of section 137 of the correction law, as amended by a chapter of the laws of 2021, amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, are amended to read as follows:

(A) Upon placement of an inmate into segregated confinement or a residential rehabilitation unit at a level one or level two facility, a suicide prevention screening instrument shall be administered by staff from the department or the office of mental health who has been trained for that purpose. If such a screening instrument reveals that the inmate is at risk of suicide, a mental health clinician shall be consulted and appropriate safety precautions shall be taken. Additionally, within one business day of the placement of such an inmate into segregated confinement at a level one or level two facility or a residential rehabilitation unit, the inmate shall be assessed by a mental health clinician.

(E) A recommendation or determination whether to remove an inmate from segregated confinement or a residential rehabilitation unit shall take into account the assessing mental health clinicians' opinions as to the inmate's mental condition and treatment needs, and shall also take into account any safety and security concerns that would be posed by the inmate's removal, even if additional restrictions were placed on the inmate's access to treatment, property, services or privileges in a

residential mental health treatment unit. A recommendation or determination shall direct the inmate's removal from segregated confinement or a residential rehabilitation unit except in the following exceptional circumstances: (1) when the reviewer finds that removal would pose a substantial risk to the safety of the inmate or other persons, or a substantial threat to the security of the facility, even if additional restrictions were placed on the inmate's access to treatment, property, services or privileges in a residential mental health treatment unit; or (2) when the assessing mental health clinician determines that such placement is in the inmate's best interests based on his or her mental condition and that removing such inmate to a residential mental health treatment unit would be detrimental to his or her mental condition. Any determination not to remove an inmate with serious mental illness from ~~[segregated confinement or]~~ a residential rehabilitation unit shall be documented in writing and include the reasons for the determination.

§ 2. Subparagraph (iv) of paragraph (d) of subdivision 6 of section 137 of the correction law, as amended by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

(iv) All inmates in segregated confinement in a level one or level two facility or a residential rehabilitation unit who are not assessed with a serious mental illness at the initial assessment shall be offered at least one interview with a mental health clinician within seven days of their initial mental health assessment, unless the mental health clinician at the most recent interview recommends an earlier interview or assessment. All inmates in a residential rehabilitation unit in a level three or level four facility who are not assessed with a serious mental illness at the initial assessment shall be offered at least one interview with a mental health clinician within thirty days of their initial mental health assessment, and additional interviews at least every ninety days thereafter, unless the mental health clinician at the most recent interview recommends an earlier interview or assessment.

§ 3. Paragraph (i) of subdivision 6 of section 137 of the correction law, as added by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

(i) (i) No person may be placed in segregated confinement for longer than necessary and no more than fifteen consecutive days ~~[or]~~. Nor shall any person be placed in segregated confinement for more than twenty total days within any sixty day period except as otherwise provided in subparagraph (ii) of this paragraph. At these limits, he or she must be released from segregated confinement or diverted to a separate residential rehabilitation unit. If placement of such person in segregated confinement would exceed the twenty-day limit and the department establishes that the person committed an act defined in subparagraph (ii) of paragraph (k) of this subdivision, the department may place the person in segregated confinement until admission to a residential rehabilitation unit can be effectuated. Such admission to a residential rehabilitation unit shall occur as expeditiously as possible and in no case take longer than forty-eight hours from the time such person is placed in segregated confinement.

(ii) For offenses determined pursuant to paragraph (1) of this subdivision to constitute a violent felony act defined in subparagraph (ii) of paragraph (k) of this subdivision, if occurring more than one time within any sixty day period, up to an additional fifteen consecutive days in segregated confinement may occur for each such additional incident. If such subsequent incident takes place in a residential rehabilitation unit or general population, the person may be returned to segregated confinement for up to fifteen consecutive days. If such subsequent incident takes place in segregated confinement and causes physical injury to another person, the person may receive up to an additional fifteen consecutive days in segregated confinement, provided however that the person must spend at least fifteen days in a residential rehabilitation unit in between each placement of up to fifteen consecutive days in segregated confinement. Custody under this subparagraph shall otherwise be in accordance with this chapter.

§ 4. Subparagraphs (ii) and (v) of paragraph (j) of subdivision 6 of section 137 of the correction law, as added by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, are amended to read as follows:

(ii) Persons in segregated confinement shall be offered out-of-cell programming at least four hours per day, including at least one hour for recreation. Persons admitted to residential rehabilitation units shall be offered at least six hours of daily out-of-cell congregate programming, services, treatment, recreation, activities and/or meals, with an additional minimum of one hour for recreation. Recreation in all residential rehabilitation units shall take place in a congregate setting, unless exceptional circumstances mean doing so would create a significant and unreasonable risk to the safety and security of other incarcerated persons, staff, or the facility. Persons in segregated confinement and residential rehabilitation units shall be offered programming led by program or therapeutic staff five days per week, except on recognized state legal holidays. All other out-of-cell time may include peer-led programs, time in a day room or out-of-cell recreation area with other people, congregate meals, volunteer programs, or other congregate activities.

(v) An incarcerated person in a residential rehabilitation unit shall have access to programs and work assignments comparable to core programs and types of work assignments in general population. Such incarcerated persons shall also have access to additional out-of-cell, trauma-informed therapeutic programming aimed at promoting personal development, addressing underlying causes of problematic behavior resulting in placement in a residential rehabilitation unit, and helping prepare for discharge from the unit and to the community.

§ 5. Clause (F) of subparagraph (ii) of paragraph (k) of subdivision 6 of section 137 of the correction law, as added by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

(F) procuring a deadly [~~weapons~~] weapon or other dangerous contraband that poses a serious threat to the security of the institution; or

§ 6. Paragraphs (n) and (o) of subdivision 6 of section 137 of the correction law, as added by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement

and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, are amended to read as follows:

(n) All special housing unit, keeplock unit and residential rehabilitation unit staff and their supervisors shall undergo ~~[a minimum of thirty-seven hours and thirty minutes of]~~ specialized training prior to assignment to such unit, and ~~[twenty-one hours of additional training annually]~~ regular specialized training thereafter, on substantive content developed in consultation with relevant experts, on topics including, but not limited to, the purpose and goals of the non-punitive therapeutic environment, trauma-informed care, restorative justice, and dispute resolution methods. Prior to presiding over any hearings, all hearing officers shall undergo a minimum of thirty-seven hours ~~[and thirty minutes]~~ of training, with one additional day of training annually thereafter, on relevant topics, including but not limited to, the physical and psychological effects of segregated confinement, procedural and due process rights of the accused, and restorative justice remedies.

(o) The department shall publish monthly reports on its website, with semi-annual and annual cumulative reports, of the total number of people who are in segregated confinement and the total number of people who are in residential rehabilitation units on the first day of each month. The reports shall provide a breakdown of the number of people in segregated confinement and in residential rehabilitation units by: (i) age; (ii) race; (iii) gender; (iv) mental health treatment level; (v) special health accommodations or needs; (vi) need for and participation in substance ~~[abuse]~~ use disorder programs; (vii) pregnancy status; (viii) continuous length of stay in residential treatment units as well as length of stay in the past sixty days; (ix) number of days in segregated confinement; (x) a list of all incidents resulting in sanctions of segregated confinement by facility and date of occurrence; (xi) the number of incarcerated persons in segregated confinement by facility; and (xii) the number of incarcerated persons in residential rehabilitation units by facility.

§ 7. Subdivision 7 of section 138 of the correction law, as added by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

7. De-escalation, intervention, informational reports~~[7]~~ and the withdrawal of incentives shall be the preferred methods of responding to misbehavior unless the department determines that non-disciplinary interventions have failed, or that non-disciplinary interventions would not succeed and the misbehavior involved an act listed in subparagraph (ii) of paragraph (k) of subdivision six of section one hundred thirty-seven of this article, in which case, as a last resort, the department shall have the authority to issue misbehavior reports, pursue disciplinary charges, or impose new or additional segregated confinement sanctions.

§ 8. Subparagraph (i) of paragraph (a) of subdivision 2 of section 401 of the correction law, as amended by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

(i) In exceptional circumstances, a mental health clinician, or the highest ranking facility security supervisor in consultation with a mental health clinician who has interviewed the inmate, may determine that an inmate's access to out-of-cell therapeutic programming and/or mental health treatment in a residential mental health treatment unit presents an unacceptable risk to the safety of inmates or staff. Such determination shall be documented in writing and such inmate ~~shall~~ may be removed to a residential rehabilitation unit that is not a residential mental health treatment unit where alternative mental health treatment and/or other therapeutic programming, as determined by a mental health clinician, shall be provided.

§ 9. Subdivision 6 of section 401 of the correction law, as amended by a chapter of the laws of 2021 amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, is amended to read as follows:

6. The department shall ensure that the curriculum for new correction officers, and other new department staff who will regularly work in programs providing mental health treatment for inmates, shall include at least eight hours of training about the types and symptoms of mental illnesses, the goals of mental health treatment, the prevention of suicide and training in how to effectively and safely manage inmates with mental illness. Such training may be provided by the office of mental health or the justice center for the protection of people with special needs. All department staff who are transferring into a residential mental health treatment unit shall receive a minimum of eight additional hours of such training, and eight hours of annual training as long as they work in such a unit. All security, program services, mental health and medical staff with direct inmate contact shall receive training each year regarding identification of, and care for, inmates with mental illnesses. The department shall provide additional training on these topics on an ongoing basis as it deems appropriate. All staff working in a residential mental health treatment unit shall also receive ~~all~~ the training mandated in paragraph (n) of subdivision six of section one hundred thirty-seven of this chapter.

§ 10. This act shall take effect on the same date and in the same manner as a chapter of the laws of 2021, amending the correction law relating to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options, as proposed in legislative bills numbers S. 2836 and A. 2277-A, takes effect.

PART 000

Section 1. Subdivision 1 of section 1351 of the racing, pari-mutuel wagering and breeding law, as added by chapter 174 of the laws of 2013, is amended to read as follows:

1. (a) For a gaming facility in zone two, there is hereby imposed a tax on gross gaming revenues. The amount of such tax imposed shall be as follows; provided, however, should a licensee have agreed within its application to supplement the tax with a binding supplemental fee payment exceeding the aforementioned tax rate, such tax and supplemental fee shall apply for a gaming facility: